

Comparison of Outcome between Office Hysteroscopy and Conventional Hysteroscopy in Women with Abnormal Uterine Bleeding at Hospital Canselor Tuanku Muhriz

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ABSTRACT

Background: Office hysteroscopy is not widely accepted compared to conventional hysteroscopy among women in Hospital Canselor Tuanku Muhriz due to perception of pain without general or regional anaesthesia. This randomized controlled trial was performed to evaluate success rate, level of pain score, endometrial sampling and complications of both procedures. **Study Objective:** To assess the success in achieving diagnosis for women with abnormal uterine bleeding by office hysteroscopy versus conventional hysteroscopy. To compare the pain score, safety and adverse events during both procedures. **Materials and Methods:** A randomized controlled trial in which all participants that fulfilled the inclusion criteria were recruited. The study was conducted in Hospital Canselor Tuanku Muhriz from December 2015 until May 2016. A total of 80 women were recruited. Patients were randomly assigned to receive either office hysteroscopy or conventional hysteroscopy using Excel Micro software in gynaecology clinic or ward. All data were recorded in an electronic database and analysed using SPSS Version 23.0. Descriptive statistics were used to summarize the characteristics of the study population. The qualitative variables were expressed as frequencies and the quantitative variables were expressed as means in standard deviations. Statistical significance was calculated using the Chi square test when comparing qualitative data and the student t test for comparing quantitative data. P value of less than 0.05 was taken as significant. **Results:** During the study period, 80 patients underwent hysteroscopy for abnormal uterine bleeding (AUB). The procedure was performed successfully in 97.5% women without serious complication. Biopsy was taken in 97.5% of patients underwent office hysteroscopy while only 85% in the conventional hysteroscopy. Satisfactory endometrial sampling and tissue biopsy were higher in the office hysteroscopy group (80%) compared to the conventional group (67.5%) but this was not statistically significant (p value=0.204). In the office hysteroscopy group, 17.5% experienced unbearable pain and 5% of patients developed transient vasovagal attack. There were 52.5% of women who had mild pain (score 1-4) and were reassured. 37.5% had moderate pain whereas only 10% had severe pain. At most, 35% patients required analgesia post procedure. All patients remained haemodynamically stable during and after the procedure. **Conclusion:** Office hysteroscopy is an excellent outpatient minimally invasive operative procedure which offers exceptional patient's compliance with low failure and complication rates.

The Impact of Non-cavity Distorting Intramural Fibroids on IVF Outcomes: A systematic Review and Meta-analysis

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ABSTRACT

Background: Uterine fibroids (UF) including those with non-cavity distorting variant can cause infertility. When these women require IVF treatment, controversies whether its presence will negatively impact on their IVF outcomes has been debated. The heterogenous nature of UF has given inconsistent results in many published studies. Besides that, available meta-analysis on this subject is dated and has significant heterogeneity. Moreover, IVF techniques and protocols have also rapidly evolved since the last review. An updated review and Meta-Analysis is needed to give informed choice to patient and IVF practitioner. **Objective:** To review and meta-analyse available data from controlled studies. **Methods:** We performed a systematic review and meta-analysis on extracted data according to PRISMA. Relevant articles were selected from literature search that was carried out using Medline, Embase, and Web of science. Both randomised and non-randomised controlled studies were included. Our primary outcome is live birth rate (LBR) and secondary outcomes are clinical pregnancy rate (CPR), implantation rate (IR) and miscarriage rate (MR). Qualities of included studies were scored using Newcastle-Ottawa Quality Assessment Scales and meta-analysis conducted by using RevMan 5.3. **Results:** We found 2,482 articles but included only 26 articles, which were non-randomised studies, based on inclusion and exclusion criteria, with total of 8,340 IVF cycles. Fourteen (n=14/26) studies included intramural fibroids (IM) with subserosal fibroids (SS) and only 12 (n=12/26) reported IM alone. We found that, compared to women with no fibroid, non-cavity distorting IM with or without SS has lower CPR (RR= 0.83, 95% CI=0.77-0.89, P< 0.000, I2=42%, 7,685 cycles, 24 studies), LBR (RR=0.80, 95% CI=0.73-0.87, P< 0.000, I2=40%, 5,453 cycles, 16 studies) and higher MR (RR=1.26, 95% CI=1.06-1.50, P=0.009, I2=21%, 2,623 cycles, 15 studies). Whereas, IR (RR=0.9, 95% CI=0.81-1.01, P= 0.07, I2=33%, 6,845 cycles, 10 studies) is similar. Subgroup analysis exclusive on non-cavity distorting IM, showed lower CPR (RR=0.84, 95% CI=0.77-0.92, P< 0.000, I2=18%, 4,336 cycles, 12 studies), LBR (RR=0.83, 95% CI=0.73-0.94, P=0.005, I2=32%, 2,171 cycles, 6 studies) and higher MR (RR=1.42, 95% CI=1.04-1.94, P=0.03, I2=0%, 1,524 cycles, 9 studies) However, IR (RR=0.71, 95% CI=0.49-1.02, P= 0.07, I2=81%, 1,511 cycles, 5 studies) is similar. **Conclusion:** Presence of non-cavity distorting IM with or without SS will reduce LBR, CPR, and increase MR without affecting IR. Although, this is the largest and most updated systematic review and meta-analysis, the result still has significant heterogeneity and needs careful interpretation.